



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Mortuary Science of New Jersey
124 Halsey Street, 6th Floor, P.O. Box 45009
Newark, New Jersey 07101
(973) 504-6425

For Office Use Only

Permit No. _____

Date received _____

Application for Registration of New Establishment Name

All questions must be answered by the applicant except where indicated.

New firm name registration fee: \$40.00

Please print clearly.

Date _____

Application is hereby made to register a new establishment name for:

Old name

1a. **New** name under which the establishment is conducted and the address:

New name

Street address

City

County

ZIP code

Telephone number (include area code)

b. Type of ownership: (Check the one that applies.)

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Individual-Trade name | <input type="checkbox"/> Partnership-Trade name |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Corporation-Fictitious name | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Explain) | |

c. List below the name and address of every individual in whom ownership is vested (**corporations excluded**).

Full name of owner

Home address

1. _____

2. _____

3. _____

d. If the new name above is a corporation or trade name, please list the State or Federal Tax Identification number:

Number _____

2a. Provide the name and license number of the licensed manager or licensee-in-charge of this establishment:

_____ Manager/Licensee	_____ License number
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b. If you are managing more than one funeral home, list below the name and address of each.

Funeral home name	Funeral home address
1. _____	_____

2. _____	_____

3. _____	_____

c. Provide the name of every licensed employee.

_____	_____
_____	_____
_____	_____

d. Provide the name of every trainee and unlicensed employee and the hours each of them work per week.

Name	Home address	Hours per week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To be answered by corporate applicants only.

3a. Exact name of the corporation _____

b. Name and address of the registered agent of the corporation.

Name _____	Street address _____	City _____	State _____	ZIP code _____
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c. Date of incorporation _____

d. Names of all officers and, in addition, the owners of 5% or more of stock:

Name	Percentage
President _____	_____
Vice President _____	_____
Secretary _____	_____
Treasurer _____	_____
Other _____	_____

e. Has there been a change in the list of corporate officers in the past year? ☐ Yes ☐ No

f. State the amount of common stock issued _____

g. State the amount of preferred stock issued _____

The answers and statements made in this form are true and correct to the best of my knowledge and belief. I agree to display the Certificate of Registration and understand that the Certificate is not transferrable. I am familiar with the provisions of Chapter 184, Law of 1960, and the Rules and Regulations of the Board.

Signature of licensee/manager-in-charge of establishment